



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families

Central Office

600 Washington Street, Boston, Massachusetts 02111

Phone: (617) 748-2000 ♦ Fax: (617) 748-2156

Deval L. Patrick
Governor

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Timothy P. Murray
Lieutenant Governor

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Judyann Bigby, M.D.
Secretary

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Angelo McClain
Commissioner

2012-2013 Foster Child Grant Program Conditions of Agreement

I, _____, hereby certify that I am enrolled in a Title IV eligible educational program. The full name
(Name)
of the school I am attending is _____ and the address of the school is
(Name of School)
_____. The start date for my program this academic year is
(Address of school)
month _____ year _____.

Students agree to the following statements in order to meet eligibility requirements:

- I am a full time student.
- I have filed a 2012-2013 *Free Application for Federal Student Aid (FAFSA)*. It is mandatory to have filed a FAFSA in order to receive this Grant. (The FAFSA website is www.fafsa.ed.gov)
- I have verified with DCF that I was in the custody of DCF through a Care and Protection Petition.
- I was in the custody of DCF until my 18th birthday. (Youth who turned 18 in the custody of DCF may have remained in care past their 18th birthday as a voluntary consumer or may have had their case closed.) I am under age 25 years old.
- I am currently a permanent resident of the Commonwealth of Massachusetts. The FAFSA that I filed reflects a Massachusetts address.
- I agree to participate in any voluntary educational support service offered to me by the Department of Children and Families.
- Give permission to the Department of Children and Families to discuss my financial status and academic progress with the above mentioned school.

Signature of Student _____ Printed Name _____ Date _____

Address _____ City _____ State MA Zip _____

Phone Number _____ Social Security Number _____ Date of Birth _____

Valid E-mail Address _____ (Required to receive important financial aid updates)

Social Worker _____ DCF Area Office _____

Student Housing Information: Please indicate your housing plan for the 2012-2013 academic year: (check)

- ☐ DCF Foster Home ☐ Apartment Paying Rent (Receiving DCF Youth Support Payments)
- ☐ College Dormitory ☐ Apartment Paying Rent (No DCF Youth Support Payments)

Filing deadline for academic year 2012-2013 is July 1, 2012.

Students must fax this completed form to 617-748-2156 OR mail it to:

Massachusetts Department of Children and Families
Adolescent Services Unit
600 Washington Street
Boston, MA 02111